

03-01-01

3712

FEB 27 2004

## AMENDMENT TRANSMITTAL LETTER

Docket No.  
56553/P001CP1/10103864

Application No.  
09/769,801

Filing Date  
January 25, 2001

Examiner  
K. Fernstrom

Art Unit  
3712

Applicant(s): George A. Tropoloc

Invention: SYSTEM AND METHOD FOR COMMUNICATION OF CHARACTER SETS VIA  
SUPPLEMENTAL OR ALTERNATIVE VISUAL STIMULI

### TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

#### CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	29	- 20 =	9	x 9.00	81.00
<b>Independent Claims</b>	5	- 3 =	2	x 43.00	86.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within third month					475.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					642.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

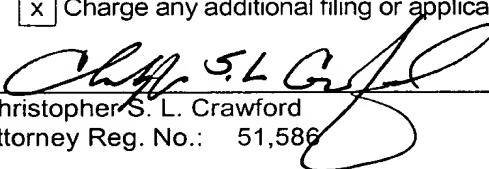
A check in the amount of \$ 642.00 to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 06-2380  
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Christopher S. L. Crawford  
Attorney Reg. No.: 51,586

Dated: February 27, 2004

FULBRIGHT & JAWORSKI L.L.P.  
2200 Ross Avenue, Suite 2800  
Dallas, Texas 75201-2784  
(214) 855-8378

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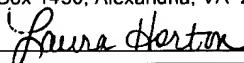
MAR 08 2004

TECHNOLOGY CENTER R3700

#### Amendment Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV255076830US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 27, 2004

Signature:  (Laura Horton)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEB 27 2004

PATENT &amp; TRADEMARK OFFICE

# FEE TRANSMITTAL

## for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 642.00)

## Complete if Known

Application Number	09/769,801
Filing Date	January 25, 2001
First Named Inventor	George A. Tropoloc
Examiner Name	K. Fernstrom
Art Unit	3712
Attorney Docket No.	56553/P001CP1/10103864

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  Other  None

 Deposit Account:

 Deposit Account Number **06-2380**

 Deposit Account Name **Fulbright & Jaworski L.L.P.**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	475.00

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## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims 29	-20** = 9 x 9.00 = 81.00	
Independent Claims 5	-3** = 2 x 43.00 = 86.00	
Multiple Dependent		

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 167.00)

\*\*or number previously paid, if greater; For Reissues, see above

(Complete if applicable)

Name (Print/Type)	Christopher S. L. Crawford	Registration No. (Attorney/Agent)	51,586	Telephone	(214) 855-8378
Signature	<i>Christopher S. L. Crawford</i>			Date	February 27, 2004

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Dated: February 27, 2004

Signature: *Laura Horton* (Laura Horton)